		BLIC HEALTH AND WELFARE Primary Registration District No					02 - Begistraria N	. 19	STAT	E FILE NUM	BER	
AMENDE	<b>,</b>	<u> </u>	egistration District No.	IAN 2 5 196	2	-yandiloli L		<del></del>				
1 1 1		¬	. PLACE OF DEATH					II .	ENCE (Where dece			
			a. COUNTY Jackson					a. STATE Missouri b. COUNTY Jackson admission)				
			b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  Length of stay in 1b					II OR			Ţ	Inside Limi
			TOWN Kansas City 14 Years						ansas City			Yes∙ <b>X</b> No
			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR				d. STREET (If cutside, give location) ADDRESS 1115 Troost Avenue			tion)	Reside on F	
	! !	_	INSTITUTION St	. Joseph	Hospits	al	Yes XX No	)	1115 1100	at Avenue		Yes   No
1 1	┪	3	. NAME OF DECEASED	First	·· <del>·</del>	Mi	iddle	Last	4. DATE	Month	Day	Year
			(Type or print)	EMERY	<u> </u>	J.	POL	LARD	OF DEATH	January	11,	1962
			. SEX	6. COLOR OR R		Married X			H 9. AGE (last l	oirthday) IF UNDI		IF UNDER
		M	ale	White	٧	Widowed □	Divorced [	□  9-8-1892	69	Months	Days	Hours
		10	. USUAL OCCUPATION			KIND OF BU	JSINESS OR INDUS	TRY 11. BIRTHPLAC	E (City and state or	country) 12. CI	TIZEN OF W	HAT COUN
1 1 1		C1	during most of working othing Sales  a. FATHER'S NAME	ng life, even if reti I <b>MAN-COLI</b> Y	ed Bor		thing Co.		Minnesota		S.A.	
		13	a. FATHER'S NAME	^		13b. MO	THER'S MAIDEN NA		14. N	AME OF HUSBAND		
			nknown				nown		Car	rie B. Po		
			. WAS DECEASED EVER	-			LAL SECURITY NO.			Address 1	115 T	roost
			es W	7.W. I	_	]		Mrs. Carr	ie B.Polla	rd, Kansa	as Cit	y. Mo.
	<u> -</u>		18. CAUSE OF DEATH	/Enter articles	., ,	]					INT	PVAL AFTV
	IZ I	: I	PART I.	DEATH WAS CAU	ause per line fi JSED BY:	·		J			ON	SET AND DE
	MEN		PART I.	DEATH WAS CAU	JSED BY:	Ur	amia				ÖN	SET AND DE
	CUMEN		PART I.	DEATH WAS CAU	JSED BY:	ur	amia	1 .01	1 / .		ON	SET AND DE
	DOCUMENT		PART I. Conditio	DEATH WAS CAU IMMEDIATE C.	JSED BY:	Ur	amia ser d	1 Bla	dder	٠	ÖN	SET AND DE
	DOCUMEN		PART I.  Conditio  which g	IMMEDIATE C.	JSED BY: AUSE (a)	lir Can	amia ser d	f Bla	dder	4	ÖN	SET AND DE
	DOCUMEN		Condition Which grants above stating states.	IMMEDIATE C.  Im	JSED BY: AUSE (a)	Ur Can	amia ser d	f Bla	dder	-	ÖN	SET AND DE
	DOCUMEN	NO	Condition Which grants above the stating stating stating states.	IMMEDIATE C.  IMMEDIATE C.  Ons, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFIC	UE TO (c)	Can	set of	ATH but not related			leceased w	vas female
	DOCUMEN	ATION	Condition Which grants above the stating stating stating states.	IMMEDIATE C.  ons, if any, ave rise to cause (a), the under-ause last.	UE TO (c)	Can	set of			there	leceased was a pregnance	vas female ry in last 90
	DOCUMEN	IFICATION	Condition which grant above stating styring confidence.	IMMEDIATE C.  ons, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFIC disease condition	UE TO (c)  CANT CONDIT Or given in PAR	₹1 (a)	i	ATH but not related	to the terminal	there	leceased was pregnances No	vas female cy in last 90 0
	DOCUMEN	CERTIFICATION	Condition which grabove stating stying condition PART II.	IMMEDIATE C.  ons, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFIC disease condition	UE TO (c)	₹1 (a)	i		to the terminal	there	leceased was pregnances No	vas female cy in last 90 0 Un
	DOCUMEN	AL CERTIFICATION	Condition which go above stating tying compared in the part in the	IMMEDIATE C.  IM	UE TO (b)  CANT CONDITION OF GIVEN IN PAR	OMICIDE	i	ATH but not related	to the terminal	there	leceased was pregnances No	vas female cy in last 90 0
	DOCUMEN	₹ S	Condition which graph above stating st	IMMEDIATE C.  IM	UE TO (b)  CANT CONDITION OF GIVEN IN PAR	OMICIDE	i	ATH but not related	to the terminal	there	leceased was pregnances No	vas female cy in last 90 0
	DOCUMEN	MEDICAL CERTIFICATION	Condition which graph above stating stating stating stating stating stating condition which graph above the stating st	IMMEDIATE C.  Im	UE TO (b)  CANT CONDITO given in PAR  SUICIDE He	OMICIDE	20Ь. DESCRIBE Н	ATH but not related	to the terminal  ED. (Enter nature of	there	leceased was pregnances Nor PART III c	vas female cy in last 90 o Un of item 18.)
		MEDICAL	Condition which go above stating signing condition which go above the stating signing condition with the stating signing condition with the stating signing condition with the stating significant condition with the stating condition with	IMMEDIATE C.  Im	JSED BY:  AUSE (a)  UE TO (b)  CANT CONDIT  O given in PAR  SUICIDE H	OMICIDE	i	ATH but not related	to the terminal  ED. (Enter nature of	there	leceased was pregnances Nor PART III c	vas female cy in last 90 o Ur of item 18.)
		₹ S	Condition which go above stating tying condition which go above stating tying condition with the condition which go above stating tying condition with the condition	IMMEDIATE C.  Im	JSED BY:  AUSE (a)  UE TO (b)  CANT CONDIT  O given in PAR  SUICIDE H	OMICIDE	20b. DESCRIBE H	ATH but not related  IOW INJURY OCCURR  20f. CITY, TOWN,	to the terminal  ED. (Enter nature of	there	leceased was pregnances Nor PART II co	vas female cy in last 90 o Ur of item 18.)
		LLOY MEDICAL	Condition which go above stating signing condition which go above the stating signing condition with the stating signing condition with the stating signing condition with the stating significant condition with the stating condition with	IMMEDIATE C.  IM	JSED BY:  AUSE (a)  UE TO (b)  CANT CONDIT  O given in PAR  SUICIDE H	OMICIDE	20b. DESCRIBE H	ATH but not related  IOW INJURY OCCURR  20f. CITY, TOWN,	to the terminal  ED. (Enter nature of	there	leceased was pregnances Nor PART II co	vas female cy in last 90 o Un of item 18.)
		MEDICAL	Condition which as above stating stati	IMMEDIATE C.  IM	JSED BY:  AUSE (a)  UE TO (b)  CANT CONDIT  O given in PAR  SUICIDE H	OMICIDE	in or about home, ice bldg., etc.)	ATH but not related  IOW INJURY OCCURR  20f. CITY, TOWN,	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her al	COUN	leceased was a pregnances Nor PART III of	vas female cy in last 90 o Un of item 18.)
		LLOY MEDICAL	PART I.  Condition which graph above stating stating stating stating stating stating control of the part of the pa	IMMEDIATE C.  IM	JSED BY:  AUSE (a)  UE TO (b)  CANT CONDIT  O given in PAR  SUICIDE H	OMICIDE  NJURY (e.g., , , , street, offi	in or about home, ice bldg., etc.)	ATH but not related  IOW INJURY OCCURR  20f. CITY, TOWN,	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her al	COUN	leceased was pregnantes Nor PART III of	vas female cy in last 90 o Un of item 18.)
		Malley Medical	Condition which go above stating stati	IMMEDIATE C.  IM	UE TO (b)  UE TO (c)  CANT CONDITOR GIVEN IN PAR  SUICIDE HO  Year  PLACE OF IN  farm, factory	OMICIDE  NJURY (e.g., , , , street, offi	in or about home, ice bldg., etc.)	ATH but not related  NOW INJURY OCCUR  20f. CITY, TOWN, 1  11-62  The date stated above	ED. (Enter nature of OR LOCATION and last saw her along and to the best of the control of the co	COUN	leceased was pregnantes Nor PART III of	vas female cy in last 90 0 Un of item 18.)  STA vses stated. 22c. DATE \$
	AVIT OF	. O'Malley MEDICAL	PART I.  Condition which graph above all string in the string of the str	IMMEDIATE C.  Ins, if any, ave rise to cause (a), the underause last. Did is a condition of the condition of	UE TO (b)  UE TO (c)  CANT CONDITOR GIVEN IN PAR  SUICIDE HO  Year  PLACE OF IN farm, factory	OMICIDE  NJURY (e.g., r., street, offi	in or about home, ice bldg., etc.)	ATH but not related  IOW INJURY OCCURR  20f. CITY, TOWN,  11-62  the date stated above  22b. ADDRESS  4706	ED. (Enter nature of OR LOCATION and last saw her along and to the best of Black	COUN	leceased was pregnances Nor PART II co	vas female cy in last 90 o Un of item 18.) STA
	FIDAVIT OF	BS F. U'Malley MEDICAL	PART I.  Condition which graph above all stating a stati	IMMEDIATE C.  IM	JSED BY:  AUSE (a)  UE TO (b)  UE TO (c)  CANT CONDITION OF GIVEN IN PAR  SUICIDE HORIZON OF IN Farm, factory  (Degree of Company)	OMICIDE  NJURY (e.g., ,, street, offi	in or about home, ice bldg., etc.) , to	20f. CITY, TOWN, the date stated above 22b. ADDRESS	ED. (Enter nature of OR LOCATION and last saw her along and to the best of Black	COUN  COUN  Time on	leceased was pregnances Nor PART II co	STA  STA  22c. DATE S
	FIDAVIT OF	BS F. U'Malley MEDICAL	PART I.  Condition which graph above all string in the string of the str	IMMEDIATE C.  IM	UE TO (b)  UE TO (c)  CANT CONDITOR GIVEN IN PAR  SUICIDE HO  Year  PLACE OF IN farm, factory	OMICIDE  NJURY (e.g., ,, street, offi	in or about home, ice bldg., etc.)	20f. CITY, TOWN, the date stated above 22b. ADDRESS	ED. (Enter nature of OR LOCATION and last saw her him els., and to the best of Carlon (Kansas C.	COUN  COUN  Time on	leceased was pregnantess Nor PART II of PART II of PART III of the cause of the cau	vas female y in last 90 o Un Un Un of item 18.)  STA  vises stated.  22c. DATE S

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	111 270
Student Signature of Student Embalmer	Signed Clayfor Darnes
	Licensed Embalmer No. 4793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.